

# **An Approach to Assessing Sick Leave and Disability in Patients with Mental Health Disorders and Medical Illness**

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# Declarations

- I have no conflict of interest or financial disclosures



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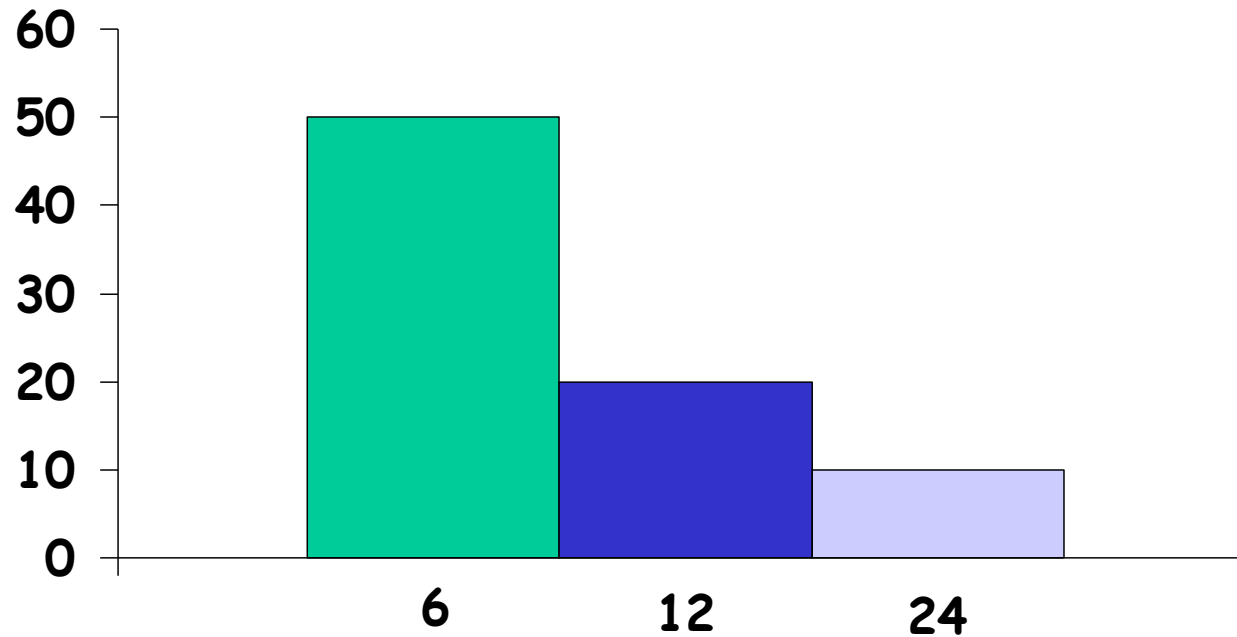
# Goals and Objectives

- Understand the key principles for documentation of sick leave and disability for chart notes, sick notes, 3rd party letters and forms
- Develop a systematic approach to assessment of sick leave and disability with the use of an assessment guide.
- Analyze strategies for minimizing work place avoidance



# Return to Work (RTW) Statistics

Percentage Likelihood of Returning  
to Work



Months Off Work



# **Your patient is struggling. Is time off work indicated?**

- Is time off work your idea, your patient's or both of yours
- Are you thinking of a short time sick leave - less than 2 weeks
- What will happen if not ready to return at end of 2 weeks
- From the start are you thinking longer than 2 weeks, if so why
- You need to assess functional impairment
- You need to know about their job



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# Assessing Function

- Activities of daily living (ADLs)
- Social
- Occupational
- Have there been specific incidents especially in the work place such as poor performance review; frequent absences, loss of job.
- To what degree is the mental health disorder the cause of functional impairment. Is it the primary or a secondary cause. What is the contribution of the medical disorder
- If equal contributions supporting documentation for the medical condition will be required and patient should be advised to obtain this.



# Workplace Description

- Ask: *What do you do in a typical work day?*
- Physical and psychological demands
- Responsibilities
- Ability to work safely
- Individual or team work
- Relations with customers, co-workers and employer
- Shift schedule
- Travel requirements – is a drivers license required
- Are there substances (ETOH, MJ) readily available e.g. restaurant, bar



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# General Considerations When Recommending Sick Leave

- In your notes and mind be clear on your diagnosis
- Stress is not a diagnosis
- Your notes need to support the diagnosis by documenting the symptoms
- Consider a reduction in work hours vs off work fully
- When in doubt, keep patient in the workplace and follow



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## **Sick Note to Employer**

- Work absence is ‘for medical reasons’ or ‘second to medical condition’ rather than DSM dx
- If patient insists on specific DSM dx, consider if his/her judgment impaired
- Stigma of mental illness in some workplaces may impair future career



# Management Plan for Sick Leave

- Don't procrastinate – have a plan!
- Know your local psychosocial resources
- Start medication and/or psychosocial plan early
- **Time off work is not a treatment**



## Letters or Forms for 3<sup>rd</sup> Party Insurer

- Doctor's clinical notes are often requested. They should reflect info put in insurance forms/letters.
- Document:
  - DSM Axis 1-5/GAF consistent with other information provided
  - GAF (Global Assessment of Function) score really matters
  - GAF of 50 associated with incapacity to work
  - Complicating social or work factors
  - Treatment response or **FAILURE**
  - Difficulties with unavailable resources or long wait times



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## **Sick Leave vs Disability**

- Depending on employees benefits sick leave (short term leave) coverage can range from none, a few weeks to 3 months
- Disability (long term leave) depending on insurer may begin after a 3 month or 6 month period of sick leave
- Forms to physicians usually increase or start when disability begins
- At 2 year mark most plans stipulate in policy employee must apply for Canadian Pension Plan (CPP)
- If CPP approved, forms to physicians usually decrease
- Insurer costs decrease as CPP provides a co-pay
- If CPP not approved forms typically increase



# Appropriate Advocacy

- Goal: optimize patient functioning
- Remind patient: Work is healthy!
- Graduated RTW trial often successful
- If impairment persists despite treatment, seek extension of leave
- Seek second opinion
- Not compromising your professional integrity
- **Effective advocacy requires good documentation**



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# **Psychiatric Disorder is Primary with Minimal Functional Impairment from Medical Disorder**

- When filling out insurance forms your notes need to support what you put on the forms
- Patient should be informed that the primary dx on form will be psychiatric and not the medical dx
- When substance abuse is primary the Insurer and you should expect the time off work to include medical treatment for the substance disorder
- If patient wants/needs time off work but is not willing to participate in treatment for psychiatric disorder all you can do is recommend treatment and document in your notes and on insurance forms objectively



# **Patient Does not want Insurer to Know the Psychiatric Diagnosis**

- You must have patient's written permission to complete any insurance forms
- You have an ethical and professional responsibility to fill forms out honestly or your license and practice can be jeopardized
- Most insurers will eventually ask for a copy of your medical records, substance disorder will be written in your notes, the patient should be informed of this
- If the patient does not agree to you filling out the form honestly or gives written permission but puts in qualifiers afterwards you should not complete the form.
- Document your concerns in the patient's medical record and the reasons why you can not complete the form. If patient complains /is upset you can contact CMLPA to review.



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# Factors that impact return to work prognosis

- Is workplace supportive?
- Are there fair workplace practices?
- Is there reasonable effort-reward balance?
- Does patient like his/her work?
- Is he/she capable of tasks when not ill?
- Is there harassment (perceived or real), personality conflicts or legal issues?
- Is there an Employee Assistance Program (EAP) Was it accessed?



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# Strategies for Minimizing RTW Avoidance

- Talk about anticipated return to the work place with first sick leave note
- Invite patient participation in decision
- Set a date you have mutually agreed upon and work toward it.
- Keep the goal of return to the work place prominent in the treatment/recovery follow up
- Where possible get patient back to work earlier than later with a graduated conditional Return To Work (RTW) as extended work absence may cause anxiety



## More Strategies

- Encourage patient's on-going communication with workplace/case manager/insurance company
- With the patient's permission consider interacting with insurer or workplace. Have patient present using speaker phone if possible.
- If interacting with workplace remember stigma issues
- Encourage patient to learn more about their mental health recovery.



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# When RTW Avoidance is Present

Treatment plan may include:

- Day hospital program
- Workplace rehab strategy, insurer may be able to arrange
- Work related refresher course
- Voluntary work experience (to build confidence) before RTW
- Treatment-responsive patients may fear relapse on return to toxic work environment. Document your concerns on forms prior to RTW & monitor on return to work (give a trial of return to work)



# When You and Your Patient Disagree

- Patient feels not ready to return to work but you feel they are
- Are you continuing to make medication changes or are you satisfied that symptoms are in remission
- Are there other new active management plans or is patient not in need of further interventions
- Inform patient you can not jeopardize your license and professional integrity, forms must be completed honestly
- Can complete form with statement that patient feels they are unable to return to work and why (wording can be reviewed with patient)
- GAF , PHQ9 scores and your clinical notes provide objective data
- You do not make the decision on benefits, you are providing information for the insurer to make their decision
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# An Approach for Assessing Sick Leave and Disability

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<b>Diagnosis</b> (Denote primary dx)		None	Mild	Moderate	Severe	Past Hx
	Adjustment Disorder					
	Major Depression - consider using Ham D7 or SIGECAPS or PHQ-9					
	Psychosis					
	Anxiety					
	Dysthymia					
	Substance Disorder					
	PTSD					
	Personality Disorder/Traits					
	Learning Disability					
<b>Medical Condition</b>		None	Mild	Moderate	Severe	
	Fibromyalgia					
	Chronic Fatigue					
	Chronic Pain					
	Other:					
<b>Overall Illness Risk</b>						

<b>Work Place Assessment</b>				
	None	Mild	Moderate	High
Lack of motivation to return to work				
Lack of support at work				
Lack of fair processes at work				
Presence of conflict at work				
Presence of an effort/reward imbalance				
Lack of personal control in workplace				
Demands placed on patient				
<b>Overall Workplace Risk</b>				

Activities of Daily Living Functional Assessment				
Degree of Impairment from Baseline Function				
	None	Mild	Moderate	High
Shopping				
House work				
Accounting				
Food preparation				
Transportation				
<b>Overall ADL Impairment Risk</b>				

Social Functional Assessment				
Degree of Impairment from Baseline Function				
	None	Mild	Moderate	High
Aggressiveness				
Inappropriate behaviour				
Withdrawal				
Breakdown in personal relationships				
Losses				
<b>Overall Social Impairment Risk</b>				

Cognitive Functional Assessment				
Degree of Impairment from Baseline Function				
	None	Mild	Moderate	High
Concentration / focus				
Understanding / comprehension				
Memory				
Ability to meet deadlines				
Ability to make decisions				
<b>Overall Cognitive Impairment Risk</b>				

Overall Prognosis				
Degree of Impairment from Baseline Function				
	None	Mild	Moderate	High
Overall Illness Risk				
Overall Workplace Risk				
Overall ADL Impairment Risk				
Overall Social Impairment Risk				
Overall Cognitive Impairment Risk				
<b>Overall Risk</b>				

\* This GRID is not validated. Updated December 2012



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# Patient Health Questionnaire (9) - depression

## Patient Health Questionnaire – PHQ-9

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
a. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all
 ☐ Somewhat difficult
 ☐ Very difficult
 ☐ Extremely difficult

TOTAL SCORE \_\_\_\_\_

**Score 0 – 27**

**5 – 14 – Mild MDE**

**15 – 19 – Moderate MDE**

**20 - Severe MDE**



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# Work and Social Adjustment Scale (WSAS)

Identifier      Date

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity. This assessment is not intended to be a diagnosis. If you are concerned about your results in any way, please speak with a qualified health professional.

If you're retired or choose not to have a job for reasons unrelated to your problem, tick here

0    1    2    3    4    5    6    7    8  
Not at all   Slightly   Definitely   Markedly   Very severely

- 1            Because of my [problem] my **ability to work** is impaired. '0' means 'not at all impaired' and '8' means very severely impaired to the point I can't work.
- 2            Because of my [problem] my **home management** (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) is impaired.
- 3            Because of my [problem] my **social leisure activities** (with other people e.g. parties, bars, clubs, outings, visits, dating, home entertaining) are impaired.
- 4            Because of my [problem], my **private leisure activities** (done alone, such as reading, gardening, collecting, sewing, walking alone) are impaired.
- 5            Because of my [problem], my ability to form and maintain **close relationships** with others, including those I live with, is impaired.

Total WSAS score =

The maximum score of the WSAS is 40, lower scores are better.

“

A WSAS score above 20 appears to suggest moderately severe or worse psychopathology.

Serenity Programme™ - [serene.me.uk](http://serene.me.uk) - Work and Social Adjustment Scale - WSAS

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